HL7 EHR WG – Reducing Clinician Burden Project Proposal
HL7 Clinician Burden Impact Statement
DRAFT 9 February 2021

Objectives:
- To reduce clinician burden in their use of, and interaction with, electronic health information and EHR/HIT systems.
- To inform and educate implementers about the clinician's experience and potential burden associated with using EHR/HIT systems and health information exchange solutions based on standards and implementation guides.
- To include as an optional (yet recommended) component in new HL7 Project Scope Statements (PSS).
- To include as an optional (yet recommended) component in balloted and published HL7 standards and implementation guides – so balloters may add comments and implementers may be apprised of impacts.

Reducing (reduce)	• "To bring down, as in extent, amount, or degree; diminish"; "to gain control of [or] conquer"; "to simplify the form of... without changing the value"; "to restore... to a normal condition or position" – The Free Dictionary • "To lower in... intensity" – Dictionary.com
Clinician	• "A health professional whose practice is based on direct observation and treatment of a patient" – Mosby's Medical Dictionary • "A health professional, such as a physician, psychologist, or nurse, who is directly involved in patient care" – American Heritage Medical Dictionary
Burden	• "A source of great worry or stress"; "[Something that] cause[s] difficulty [or] distress"; "To load or overload" – The Free Dictionary • "Something that is carried, [as in a] duty [or] responsibility"; "Something oppressive or worrisome" – Merriam-Webster Dictionary

Part A – Burden Summary

- With regard to clinician burden reduction, the scope of this project has been evaluated and has been determined to be (broadly):
  ___ Advantageous, has a positive impact/benefit toward burden reduction
  ___ Disadvantageous, has a negative impact on burden reduction
  ___ Neutral

- Is there formal documentation of this evaluation?
  ___ No
  ___ Yes – Please include or reference within the PSS, Standard Specification and/or Implementation Guide.

- Are there specific points of guidance which might be included to show how this specification can be used to enhance front-line clinician practice and/or reduce burden?

Part B – Burden Scorecard

+2 Substantial Positive Impact +1 Some Positive Impact	0 Neutral	-2 Substantial Negative Impact -1 Some Negative Impact

For burden topic areas, please indicate anticipated impacts accruing from this project. Add comments as appropriate (see Scorecard Examples below):

___ Administrative (non-clinical) tasks
___ Data entry
___ Clinical documentation: quality and usability
___ Time on encounter note documentation, prescriptions, and inbox management
___ Prior authorization, coverage verification, eligibility tasks
___ Provider/patient face to face interaction
___ Provider/patient communication
___ Care coordination, team-based care
___ Delegation to team members
___ Clinical workflow
___ Workflow efficiency (minimization of number of clinician "touches," need for rework, or reopening patient record)
___ Disease management, care and treatment planning
___ Clinical decision support, medical logic, artificial intelligence
___ Alerts, reminders, notifications
___ Inbox management
___ Information overload
___ Transitions of care
___ Health information exchange
___ Medical/personal device integration
___ Orders for equipment and supplies
___ Support for payment, claims and reimbursement
___ Support for cost review
___ Support for measures: administrative, operations, quality, performance, productivity, cost, utilization
___ Support for public and population health
___ Legal aspects and risks
___ Support for compliance with state/federal laws or regulations
___ User training, user proficiency
___ Common function and process models
___ Common information models and data definition
___ Software development and improvement, end-user feedback
___ Product modularity
___ System lock-in, data liquidity, switching costs
___ System cost: installation, support
___ Security
___ Professional credentialing
___ Identity matching and management
___ Data quality and integrity
___ Process integrity
___ List management: problems, medications, immunizations, allergies, surgeries, interventions and procedures
___ Other: _____

___ Burden Impact Score

Scorecard Examples:

_0_ Data entry [We expect data entry to be negligible as the intent is to enable automatic extraction of clinical data from structured data fields within an EHR]

+2_ Inbox management [We incorporated elements from the following peer reviewed study: Metrics for assessing physician activity using electronic health record log data, Journal of the American Medical Informatics Association, Volume 27, Issue 4, April 2020, Pages 639–643, https://doi.org/10.1093/jamia/ocz223]